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22855 7590 12/04/2001

RANDALL J. KNUTH P.C.
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 FORT WAYNE, IN 46815-4631

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Randall J. Knuth	(Depositor's name)
<i>Randall J. Knuth</i>	(Signature)
1/31/2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/178,968	10/26/1998	JEFF DULANEY	LSP-18	5151

TITLE OF INVENTION: SINGLE MODE OSCILLATOR FOR A LASER PEENING LASER

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
38	nonprovisional	YES	\$640	\$0	\$640	03/04/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, ARMANDO	2877	372-098000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Randall J. Knuth

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LSP Technologies, Inc.

Dublin, OH

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:
 Issue Fee \$640 Check No. 5865
 Publication Fee \$0
 Advance Order - # of Copies 0

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 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature) *Randall J. Knuth* (Date) 1/31/2002

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